

No. 2
-12-45
5-17-39
I X47070

State File No. _____

FILED NOV 7 1947

318

Registration District No. _____

1003

Registrar's No. 9984

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME GRACE STALLCUP

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Stallcup

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October 16 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

48 0 10 hr. min.

9. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife at home

MOTHER FATHER

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Stallcup

(b) Address 806^a Jackson, Madison, Ill.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Oct 29 1947
(Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director J. Marshall

(b) Address 2205 Missouri E. St. Louis, Ill.

19. (a) OCT 29 1947 (Date received local registrar)

(b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Madison 11
(If outside city or town limits, write "RURAL")

(d) Street No. 806^a Jackson 0
N.R. (If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 year 1947 hour 1 minute _____ A.M.

21. I hereby certify that I attended the deceased from Sept 2 1946, to Sept 26 1947, that I last saw her alive on Sept 26 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervical stump

Due to Cervical Stump (Carcinoma)

Due to _____

Other conditions (Include pregnancy within 3 months of death) H8 a

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature Edgar F. Woodson (M. D. or other) MD

Address 930 N. L. Ave. Date signed 10/27

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas Marshall Robson....., Registered Apprentice No. *492*
working under my personal supervision.

Signed *Lyda Hughes*.....

Licensed Embalmer No. *2538*.....

P. O. Address *St Louis mo*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.